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ABSTRACT

The purpose of this study was to determine parents' perceptions regarding acquired immune deficiency syndrome (AIDS) education information for their eighth-grade school children. Their perceptions were based on their responses to a questionnaire that included topics such as AIDS as a disease, how the virus is spread, incidence of AIDS among groups, preventive measures, what is safe, controversial issues, and the challenges for the future. These were derived from the Surgeon General's report on AIDS. A survey packet was mailed to 148 parents of eighth-grade children in a Midwest suburban middle school during spring 1989. The results of the survey indicated that most parents in the sample favored all topics as appropriate for their eighth grade school children. Further analysis indicated that seven topics which were related to sex and controversial issues showed 10 percent or greater of parent disagreement. A discussion of the findings reveals that parents are more supportive of sex-related AIDS education topics than they were with sex education a few years ago. The results of the study have implications for researchers, teachers, school administrators, and curriculum specialists. (24 references) (Author/RR)

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Parental Involvement in Middle School AIDS Education Programs

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ABSTRACT

The purpose of this study was to determine parents' perceptions regarding AIDS education information for their eighth grade school children. Their perceptions were based on their responses to a questionnaire which included topics derived from the Surgeon General's Report on AIDS. A survey packet was mailed to 148 parents of eighth grade children in a midwest suburban middle school during Spring, 1989. The results of the survey indicated that most parents in the sample favored all topics as appropriate for their eighth grade school children. Further analysis indicated that seven topics which were related to sex and controversial issues showed ten percent or greater of parental disagreement. A discussion of the findings reveal that more parents are supportive of sex-related AIDS education topics than they were with sex education a few years ago. The results of the study pose apparent implications for researchers, teachers, school administrators, and curriculum specialists.

Parental Involvement in Middle School AIDS Education Programs

In 1986, the Surgeon General has prepared a report on Acquired Immune Deficiency Syndrome. This report was distributed to all households in the United States. A large body of information was contained in the report that was widely discussed, supported, and promoted by many. To some people such as parents of very young children, there were specific information related to sex that the report contained which parents objected to. Even with such resistance, however, many schools have started to implement AIDS education programs in support for the Surgeon General's recommendation. A comprehensive AIDS education program was especially recommended for teenagers who were a particular target group. At this stage, teenagers are curious about their own sexuality and early experimentation is likely to ensue.

The need for education centered on teenagers is crucial because of an increased rate of teenage sexual activity and drug usage. The transmission of the HIV virus mainly through sexual intercourse and sharing blood-contaminated needles among drug users places teenagers at a higher risk of acquiring the AIDS virus. The statistics should be should not be treated lightly. According to Tolsma (1988), more than half of never-married females, and about two-thirds of never married males in the metropolitan areas reported that they

have engaged in sexual intercourse by age 18. Zelnick and Shah (1983) reported that the average age of first intercourse throughout the country was around 16. In some communities, it may have been as low as 12 (Clark et al, 1984). The Centers for Disease Control estimated about 2.5 million sexually transmitted disease (STD) cases and one million pregnancies occurring each year among teenagers (U.S. Dept. of Health, 1987).

The present teenage generation is faced with risks which influence their attitudes and behaviors. There is a growing concern that even with vast amounts of information available, teenagers' knowledge about AIDS appears to be either inadequate or inaccurate (Haffner, 1988; Strunin & Hingson, 1987). Parents who have generally been considered primary sexuality educators have seemingly faltered in discussing sex and contraception with their children (Wattleton, 1987). When AIDS education and discussion were postponed by schools or parents, uninformed or misinformed peers have been willing to fill the gap. So has the mass media whose role-models have been either over- or under-estimated (Price & Kukulka, 1985). Given the long incubation period between HIV infection and the appearance of symptoms (averaging five years or more), many of the future victims in the younger age group at the time of diagnosis were probably infected while they were teenagers (Tolsma, 1988). Better solutions for contemporary adolescent problems should be found and implemented. Very likely the most effective educational programs for change will involve schools working in close relationship with parents

and their children.

It has been evident in many research studies that the benefits of parental involvement in their children's sexuality education have been abundant. According to Perry et al (1988), parents have the capacity to influence their children in many ways -- as "models for appropriate behavior, as gatekeepers for both opportunities and barriers, and as the major sources of reinforcement in most their children's lives." A number of research studies showed that parent-child communication on information related to human sexuality increased when parents participated in their children's school programs. Fisher (1985, 1987, 1988, 1988a, 1988b) examined patterns of communication and behavior among parents and their children and found that general family communication as well as parent-child discussion about sex seemed to be important factors that impact on sexuality. It was also reported that parent-child communication about sex tends to delay sexual activity and encourages children to become more responsible in their approach to sexuality (Fisher, 1986). A number of studies have also reported that while discussing sexuality, parents can transmit personal, sexual values (e.g. sexual abstinence, the use of condoms and contraceptives) to their children (Elias & Gebhard, 1973; Fox & Inazu, 1980a, 1980b; Furstenberg, 1976; Inazu & Fox, 1980; Lewis, 1973; Spanier, 1976). Silverstein and Buck (1986) reported that a high degree of parent communication regarding sex education can foster growth and self-exploration.

As socially supported institutions, schools hold part of the responsibility for developing curricula that provide students with knowledge and skills to protect themselves from health hazards and disease (Haffner, 1987). Schools have the opportunity to provide sound information on AIDS education and integrate this within the realm of other existing academic areas such as biology, physical education, and health education where possible (Kerr et al, 1989). In this regard, schools can complement and supplement standards that have already been established at home and within the community. In addition, schools contribute greatly to important social problems that curtail the enrichment of individual personal lives.

Even with the recognition of a more positive influence that schools may have through AIDS education, some schools still have been resistant to fully teach about AIDS. Since AIDS education included an abundance of sexual information, one reason may be the inclusion of highly sensitive sexual topics which in the past received substantial criticisms from parents and communities (Lohrmann, 1988). Johnson and Shutt (1965) reported that school board members and administrators believed in the importance of sex education, but were hesitant to proceed with the programs due to the lack of qualified teachers and the fear of public reaction (Libby, 1970). In addition, perceived parental objection, specifically regarding value-laden topics, was noted in a study conducted by the New York State Education Department (1981). Consequently, schools tried to avoid the recurrence of these

conflicts by dealing with the issue in a more superficial manner, if at all.

A recent study (Silverstein and Buck, 1986) has reported that parental agreement for the inclusion of a wide range of sex education topics has increased. However, about 20% or more of parents in the study have indicated disagreement on some "sensitive" topics. While it has become apparent that general parental support for sex education has increased in the previous years, little is known about the kinds of topics that are approved by parents, and those which are not, if such approval or disapproval actually does exist in the context of AIDS education. Given the potentially deadly consequence of AIDS, are parents more supportive of sexuality-related AIDS education topics for their children? Would they approve of a variety of AIDS education topics, which they might have otherwise objected to in relation to sex education? While the majority of studies that dealt with parents' viewpoints were well documented in areas such as those related to sex education, no study that assessed parents' views on AIDS education has yet been done. This study was to examine parents' perceptions regarding the appropriateness of AIDS education topics for their eighth grade level school children. If educators are able to anticipate parental support and/or disagreement to certain AIDS education topics, schools may be better able to plan their AIDS education programs, and consequently, teach and evaluate these programs in ways that are parallel with parental acceptance.

Method:

The survey method was the primary means of gathering information. Survey packets were mailed to 148 parents of eighth grade school children in a midwest suburban middle school in Spring, 1989. Of the 148 parents, 94 responded but only 90 (60.8%) parents had fully completed the questionnaire. The survey packet contained a letter from the middle school principal, the Parents' Perceptions About AIDS Questionnaire (PPAQ), a copy of the Surgeon General's Report on AIDS, and a self-addressed, stamped envelope to facilitate return of questionnaire. Upon completing the questionnaires, parents were asked to either mail them back to the principal's office or have their eighth grade school children bring this to the principal's office where a drop box was allocated specifically for this purpose. After the data from parents were collected and statistically tabulated, the results were submitted to the middle school for their review.

The Survey Questionnaire:

The Parents' Perceptions About AIDS Questionnaire (PPAQ) consisted of topics directly quoted from the Surgeon General's Report on AIDS. The PPAQ was designed to accommodate most topics contained in the Surgeon General's Report perceived to be relevant to school AIDS education for middle school children.

The PPAQ consisted of three parts. The first part contained a checklist of demographic information. The second part

consisted of 62 AIDS topics. After each topic, the pages from which the topic was described in more detail in the Surgeon General'S Report was included. This was done to facilitate referral or further understanding of each topic. Respondents rated the degree to which they agreed or disagreed to the appropriateness of each topic for their eighth grade child. A six-point Likert Scale was used. All 62 topics were incorporated under the following seven major headings: AIDS as a Disease, How the Virus is Spread, Incidence of AIDS, Preventive Measures, What is Safe, Controversial Issues, and Challenge for the Future. The third part of the questionnaire was an open-ended space where respondents volunteered comments, suggestions, recommendations and questions.

The PPAQ was pilot tested with a similar group of parents (N=14) who didn't have children in the school of interest. Minor errors were corrected on some statements that did not appear to be precisely as contained in the Surgeon General's Report.

Results:

In order to facilitate substantive interpretation of data, the results were merged into two dimensions - the first three (1,2,3) responses in the scale were summed, averaged and designated as disagreement; and the average of the last three (4,5,6) combined responses were categorized as agreement.

As seen in Table 1, parents were in agreement with the appropriateness of most AIDS topics in the questionnaire.

Percentages of parental agreement ranged from 81.1% to 100%. However, seven topics showed 10% or more of parental disagreement. These topics were: topic 12 "Oral (mouth contact with penis, vagina, and rectum) sex (12.2%); topic 13 "Insertion of fingers and other objects in the rectum, penis or vagina" (10%); topic 36 "Avoiding mouth contact with penis, vagina or rectum (oral sex)" (15.6%); topic 53 "Compulsory blood testing" (11.1%); topic 54 "Quarantine of AIDS-infected persons" (17.8%); and topic 55 "Identification of AIDS carriers by some visible sign" (18.9%).

Means for respondents (Table 2) ranged from 3.98 to 6.00 in the Likert Scale. Among the ninety respondents, 16 parents had mean scores of 6.00 which indicated strong agreement on all topics, 56 parents had mean scores of 5.00-5.99 which indicated strong agreement on most topics but not strong agreement on some, and 17 parents had mean scores of 4.0 to 4.99 which indicated agreement on most topics but may have lack of agreement on a few. Only one parent had a mean score of 3.98 which indicated the lack of agreement on several topics.

Parent Comments:

Forty parents provided comments at the end of the questionnaire. Most parents believed that it was crucial to provide AIDS instruction before their children became sexually active. Two parents thought the survey provided a teachable moment for their children and that the inclusion of the Surgeon

General's Report facilitated their understanding of the topics. Although the majority of parents expressed support for more extensive AIDS education programs, seven parents were concerned about the methods and approaches schools would use to teach about AIDS, especially regarding the aspects of values and morals. One parent suggested that AIDS should be emphasized but should not be "over-taught."

Discussion of Results:

The study indicated that the highest percentage of parental disagreement was 15.6% in comparison to Silverstein and Buck's study which noted about 20% or more of parents who disagreed with sex-related topics. It may be assumed that parents are more supportive of sex education topics in the context of AIDS education rather than as part of a sex education course. The "fear" of the potentially deadly effect of AIDS may also be a concern of parents. Whereas a consequence of the lack of sex education may be pregnancy, deficiency in knowledge about AIDS may lead to death. Parents may have also believed that using the "fear approach" might discourage children from early sexual experimentation and sexual activity with multiple partners. Libby (1970) found that the majority of parents in his sample were likely to believe that by discussing venereal diseases, this "fear approach" to sex education provides a deterrent to premarital intercourse among teenagers. Additionally, parents may have approved of AIDS education because they believed that

schools could take a more scientific and educational approach in providing up-to-date AIDS information. The few parents who have disagreed with some topics, on the other hand, might have anticipated other approaches and emphases to teaching about AIDS, or that they did not expect the school to be solely responsible for educating their children.

In support for Parceil and Coreil's (1985) research, this study demonstrated that parents most frequently agreed to topics which related to basic, scientific and biological aspects of AIDS. Moreover, the majority of parents were also in agreement with encouraging the use of condoms and sexual abstinence. It may then be assumed that parents in this sample were willing to go beyond the teaching of biological aspects to include value- and moral-laden topics which may have previously stirred parental resistance. The relevant differences of parental perceptions of AIDS topics with sex education topics of past research studies may reflect a greater openness among parents in dealing with sex in society than several years ago. If given the opportunity, parents are likely to promote a more realistic stance in dealing with sex-related and controversial topics relative to AIDS. Not all parents are apt to champion such a point of view, but the significantly large number who were in agreement may be adequate to warrant the development and implementation of an extensive AIDS curriculum as a substitute to less comprehensive programs.

Implications for Instruction:

The results of this study pose apparent implications for researchers, teachers, school boards, school administrators and curriculum specialists. First, a parent survey may provide schools with information which support the development of an AIDS education program in concert with the views of parents. Schools will have a measure on the kinds of topics parents will approve and the age level at which they feel these topics are appropriate. Second, some schools may have existing programs which may be extensive but which do not match parents' perceptions. There is a strong likelihood that these districts may not be stressing the content or topics parents want addressed at ages when they want these taught. Thus, even after a program has been implemented, periodic review remains important. Third, parents in this study were very supportive of a strong AIDS education program for their eighth grade children. While these results cannot be generalized to all communities, there is a need for program developers and school administrators to determine what topics parents perceive as appropriate before the high school years. Many districts may need to significantly expand their AIDS education programs for their middle school children.

While parents should not be the only determiners of school AIDS education, they are a constituency that have been too frequently overlooked. Consequently, this neglect was often to the detriment of the program and their children. It seems apparent that parents in this community want to be involved in

planning school AIDS programs. Parents in other communities may want similar opportunities for participation. Among the many benefits of parent-school collaboration is the strengthening of the quality of our health education.

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Table 1

Percentages of Parental Disagreement and Agreement on AIDS Topics

Topics		Disagree	Agree
AIDS as a Disease:			
1.	Definition of AIDS	1.1	98.9
2.	No Known cure	-	100.0
3.	How the virus invades the bloodstream	-	100.0
4.	Signs and symptoms of AIDS	-	100.0
5.	Why antibodies produced are not able to destroy the virus	-	100.0
6.	Difference between persons with AIDS-Related Complex (ARC) and classic AIDS	2.2	97.8
7.	Development of "opportunistic" infections	-	100.0
8.	Long term disease complications	1.1	98.9
9.	Number of people estimated to be infected	5.6	94.4
10.	Blood Transfusion	4.4	95.6

Table I (cont'd)

Percentages of Parental Disagreement and Agreement on AIDS Topics

Topics		Disagree	Agree
How the Virus is Spread:			
11.	Sexual contact with an infected person's blood, semen, and possibly vaginal secretions	3.3	96.7
12.	Oral (mouth contact with penis, vagina, or rectum) sex	12.2	87.7
13.	Insertion of fingers and other objects in the rectum, penis or vagina	10.0	90.0*
14.	Sharing of dirty, blood-stained needles with drug users	1.1	98.8
15.	Having had blood transfusion before March, 1985	5.6	94.4
16.	From an AIDS-infected mother to her unborn child	-	100.0

Table 1 (cont'd)

Percentages of Parental Disagreement and Agreement on AIDS Topics

Topics		Disagree	Agree
Incidence of AIDS Among:			
17.	Homosexuals	2.2	97.8
18.	Heterosexual	2.2	97.8
19.	Family members living with AIDS victims	2.2	97.7
20.	Health workers	1.1	98.9
21.	Men	4.4	95.6
22.	Women	3.3	96.7
23.	Persons with many sexual partners	4.4	95.6
24.	Intravenous drug users	1.1	98.9
25.	Hemophiliacs	1.1	98.9
26.	Blood donors	-	100.0
27.	Babies	1.1	98.9

Table 1 (cont'd)

Percentages of Parental Disagreement and Agreement on AIDS Topics

Topics		Disagree	Agree
Preventive Measures			
28.	Knowing the facts	1.1	98.9
29.	Education as the only way we can stop the spread of AIDS	2.2	97.8
30.	Knowing your partner	4.4	95.6
31.	Avoiding use of illicit intravenous drugs	-	100.0
32.	Not sharing blood-stained needles with other drug users	2.2	97.8
33.	For drug users, using clean, previously unused needles	5.6	94.4
34.	Having a blood test to see if one has been infected	6.7	93.3
35.	Using a rubber (condom) during sexual intercourse	7.8	92.2
36.	Avoiding mouth contact with penis, vagina, or rectum (oral sex)	15.6	84.4

Table 1 (cont'd)

Percentages of Parental Disagreement and Agreement on AIDS Topics

Topics		Disagree	Agree
37.	Avoiding sexual activities causing cuts or tears in the lining of the rectum, vagina or penis	15.6	84.4
38.	Saying "No" to sex and drugs	2.2	97.8
39.	Not having sex with prostitutes	8.9	91.1
40.	Encouraging sex education with emphasis on AIDS prevention and other sexually transmitted diseases	1.1	98.9
41.	Learning to separate scientific information from rumors or myths	1.1	98.9

Table 1 (cont'd)

Percentages of Parental Disagreement and Agreement on AIDS Topics

Topics		Disagree	Agree
What is Safe			
42.	Through casual, social contact	1.1	98.9
43.	From swimming pools, bath tubs, or eating in restaurants	1.1	98.9
44.	From sharing bed linens, towels, cups and eating utensils	2.2	97.8
45.	From body massages, masturbation, or non-sexual contact	6.7	93.3
46.	From donating blood	-	100.0
47.	From visiting a doctor, dentist, hospital or hairdresser	3.3	96.7
48.	From casual contact with AIDS-infected children	3.3	96.7
49.	From visiting or caring for a person with AIDS	3.3	96.7
50.	From insects such as mosquitoes	1.1	98.9

Table 1 (cont'd)

Percentages of Parental Disagreement and Agreement on AIDS Topics

Topics		Disagree	Agree
51.	From dogs, cats, or domestic animals	2.2	97.8
52.	From contact with tears or saliva	3.3	96.7

Table 1 (cont'd)

Percentages of Parental Disagreement and Agreement on AIDS Topics

Topics		Disagree	Agree
Controversial Issues			
53.	Compulsory blood testing	11.1	88.9
54.	Quarantine of AIDS-infected persons	17.8	82.2
55.	Identification of AIDS carriers by some visible sign	18.9	81.1

Table 1 (cont'd)

Percentages of Parental Disagreement and Agreement on AIDS Topics

Topics		Disagree	Agree
Challenge for the Future			
56.	Be educated - Be prepared	-	100.0
57.	Societal impact of AIDS	1.1	98.9
58.	Spread of AIDS to appear geographically far and wide	1.1	98.9
59.	Special education concerns for adolescents	1.1	98.9
60.	High risk persons should get blood test	3.3	96.7
61.	Need for state and local AIDS task forces	2.2	97.8
62.	Encouragement of mental health	1.1	98.9

Table 2

Overall Means for Each Respondent

No.	Mean	No.	Mean	No.	Mean
1	6.00	31	6.00	71	5.00
2	5.76	32	4.73	62	6.00
3	5.82	33	5.97	63	5.85
4	5.19	34	4.97	64	5.98
5	5.81	35	5.32	65	5.81
6	5.08	36	4.47	66	5.73
7	4.52	37	4.58	67	5.18
8	5.56	38	4.82	68	5.65
9	5.15	39	5.92	69	5.68
10	5.08	40	5.81	70	6.00
11	4.98	41	5.32	71	6.00
12	4.97	42	5.32	72	6.00
13	5.58	43	5.56	73	5.42
14	5.47	44	3.98 *	74	5.48
15	5.48	45	4.24	75	5.84
16	5.29	46	5.69	76	5.85
17	6.00	47	5.66	77	5.95
18	4.31	48	5.13	78	4.65
19	5.50	49	5.73	79	5.56
20	4.23	50	5.08	80	5.52
21	6.00	51	5.45	81	6.00
22	5.05	52	6.00	82	5.00
23	6.00	53	5.37	83	5.55
24	6.00	54	5.85	84	6.00
25	5.00	55	6.00	85	5.63
26	4.90	56	5.85	86	4.23
27	4.87	57	5.71	87	5.56
28	5.06	58	5.50	88	6.00
29	5.42	59	4.89	89	4.90
30	5.44	60	5.77	90	6.00

Note: * Lowest Mean